

**FILED**  
AUG 18 2008  
RICHARD W. WICKING  
CLERK U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

Plaintiff,

vs.

Defendant.

CASE NO. CV-08-3572 RMW (PR)

**PRISONER'S  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS**

I, Harry Savage, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes \_\_\_ No X

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: 0 Net: 0

Employer: \_\_\_\_\_

1 If the answer is "no," state the date of last employment and the amount of the gross and net  
 2 salary and wages per month which you received. (If you are imprisoned, specify the last  
 3 place of employment prior to imprisonment.)

4 N/A

5 \_\_\_\_\_  
 6 \_\_\_\_\_  
 7 2. Have you received, within the past twelve (12) months, any money from any of the  
 8 following sources:

- 9 a. Business, Profession or Yes \_\_\_ No X  
 10 self employment  
 11 b. Income from stocks, bonds, Yes \_\_\_ No X  
 12 or royalties?  
 13 c. Rent payments? Yes \_\_\_ No X  
 14 d. Pensions, annuities, or Yes \_\_\_ No X  
 15 life insurance payments?  
 16 e. Federal or State welfare payments, Yes \_\_\_ No X  
 17 Social Security or other govern-  
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount  
 20 received from each.

21 \_\_\_\_\_  
 22 \_\_\_\_\_

23 3. Are you married? Yes X No \_\_\_

24 Spouse's Full Name: Cheryl Marie Dunbar

25 Spouse's Place of Employment: DONT KNOW

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ DONT KNOW Net \$ \_\_\_\_\_

28 4. a. List amount you contribute to your spouse's support: \$ 0

1           b.     List the persons other than your spouse who are dependent upon you for  
 2                 support and indicate how much you contribute toward their support. (NOTE:  
 3                 For minor children, list only their initials and ages. DO NOT INCLUDE  
 4                 THEIR NAMES.).  
 5 \_\_\_\_\_  
 6 \_\_\_\_\_

7     5.     Do you own or are you buying a home?                   Yes \_\_\_\_ No X

8     Estimated Market Value: \$ \_\_\_\_\_ Amount of Mortgage: \$ \_\_\_\_\_

9     6.     Do you own an automobile?                               Yes \_\_\_\_ No X

10    Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_

11    Is it financed? Yes \_\_\_\_ No \_\_\_\_ If so, Total due: \$ \_\_\_\_\_

12    Monthly Payment: \$ \_\_\_\_\_

13    7.     Do you have a bank account? Yes \_\_\_\_ No X (Do not include account numbers.)

14    Name(s) and address(es) of bank: \_\_\_\_\_  
 15 \_\_\_\_\_

16    Present balance(s): \$ \_\_\_\_\_

17    Do you own any cash? Yes \_\_\_\_ No X Amount: \$ \_\_\_\_\_

18    Do you have any other assets? (If "yes," provide a description of each asset and its estimated  
 19    market value.) Yes \_\_\_\_ No \_\_\_\_  
 20 \_\_\_\_\_

21    8.     What are your monthly expenses?

22    Rent: \$ 0 Utilities: 0

23    Food: \$ 0 Clothing: 0

24    Charge Accounts:

25 <u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed on This Acct.</u>
26    _____	\$ _____	\$ _____
27    _____	\$ _____	\$ _____
28    _____	\$ _____	\$ _____

1 9. Do you have any other debts? (List current obligations, indicating amounts and to  
2 whom they are payable. Do not include account numbers.)  
3 \_\_\_\_\_  
4 \_\_\_\_\_

5 10. Does the complaint which you are seeking to file raise claims that have been presented  
6 in other lawsuits? Yes \_\_\_\_ No X

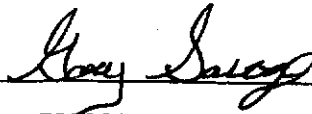
7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in  
8 which they were filed.  
9 \_\_\_\_\_  
10 \_\_\_\_\_

11 I consent to prison officials withdrawing from my trust account and paying to the court  
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and  
14 understand that a false statement herein may result in the dismissal of my claims.  
15

16 7-31-08

17 DATE



SIGNATURE OF APPLICANT

REPORT ID: TS3030 .701

REPORT DATE: 07/23/08

PAGE NO: 1

## CALIFORNIA DEPARTMENT OF CORRECTIONS

AVENAL STATE PRISON

INMATE TRUST ACCOUNTING SYSTEM

INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: FEB. 14, 2008 THRU JUL. 23, 2008

ACCOUNT NUMBER : V17266

BED/CELL NUMBER: 520 00000000070L

ACCOUNT NAME : SAVAGE, GARY

ACCOUNT TYPE: I

PRIVILEGE GROUP: B

## TRUST ACCOUNT ACTIVITY

&lt;&lt; NO ACCOUNT ACTIVITY FOR THIS PERIOD &gt;&gt;

## CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
06/16/2008	H107	POSTAGE HOLD	705367LEPO	6.35
07/23/2008	H109	LEGAL POSTAGE HOLD	800398LEPO	2.36
07/23/2008	H109	LEGAL POSTAGE HOLD	800398LEPO	1.68
07/23/2008	H118	LEGAL COPIES HOLD	800403LECO	0.75

*No Activity*

## TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	11.14	0.00

CURRENT  
AVAILABLE  
BALANCE

11.14-



THE WITHIN INSTRUMENT IS A CORRECT  
COPY OF THE TRUST ACCOUNT MAINTAINED  
BY THIS OFFICE. 7/23/08  
ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS  
BY Edna Osuna  
TRUST OFFICE

Case Number: \_\_\_\_\_

CERTIFICATE OF FUNDS

IN

PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of GARY SAVAGE / V17266 for the last six months at  
[prisoner name]

AVENAL State Prison where (s)he is confined.  
[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 0.00 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 0.00.

Dated: 7/23/08

Edna Bana  
Authorized officer of the institution

ORIGINAL  
FILEDUNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF CALIFORNIA

JUL 25 2008

RICHARD W. WIEKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

Dear Sir or Madam:

Your petition has been filed as civil case number

CV 08

3572

✓ A filing fee of \$5.00 is now due. If you are unable to pay the entire filing fee at this time, you must sign and complete this court's Prisoner's In Forma Pauperis Application in its entirety. If the application is granted, you will not have to prepay the fee.

RMW

Your petition is deficient because you did not pay the filing fee and:

(PR)

1. ✓ you did not file an In Forma Pauperis Application.
2. \_\_\_\_\_ the In Forma Pauperis Application you submitted is insufficient because:

\_\_\_\_\_ You did not use the correct form. You must submit this court's current Prisoner's In Forma Pauperis Application.

\_\_\_\_\_ Your In Forma Pauperis Application was not completed in its entirety.

\_\_\_\_\_ You did not sign your In Forma Pauperis Application.

\_\_\_\_\_ You did not submit a Certificate of Funds in Prisoner's Account completed and signed by an authorized officer at the prison.

\_\_\_\_\_ You did not attach a copy of your prisoner trust account statement showing transactions for the last six months.

\_\_\_\_\_ Other \_\_\_\_\_

Enclosed you will find this court's current Prisoner's In Forma Pauperis Application, which includes a Certificate of Funds in Prisoner's Account form, and a return envelope for your convenience.

**Warning: YOU MUST RESPOND TO THIS NOTICE.** If you do not respond within **THIRTY DAYS** from the filing date stamped above, your action will be **DISMISSED**, the file closed and the entire filing fee will become due immediately. Filing a Prisoner's In Forma Pauperis Application will allow the court to determine whether prepayment of the filing fee should be waived.

I mail ANOTHER ONE LAST  
Week to show I had NO money

Sincerely,  
RICHARD W. WIEKING, Clerk,

By \_\_\_\_\_  
Deputy Clerk

SAVAGU

Early Savage

52D-1BLowen

P.D. Box 9

Aventura, California

63264

**Confidential**

# ADRENAL STRESS PRISON

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Mailed From 93204

US POSTAGE

AUG 1966

ADJUTANT GENERAL  
STATE PHOENIX  
3400 BROADWAY

United States District Court of  
Northern District of California  
4150 Golden Gate Avenue  
San Francisco, California  
94112

12/5/17



CASE NUMBER  
IN CLOSE.

NUMBER 7/2/08

\*MAILED OUT JULY 31, 2008\*